



State of New Jersey
DEPARTMENT OF CORRECTIONS

FORM 911-34
Rev. April 2024
N.J.A.C. 10A:34-2.2(d)
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Municipal Detention Facility
Rule Exemption Request

Date of Request: [ ] Municipal Facility: [ ]

Name of Preparer/Inmate: [ ] Inmate SBI #: [ ]

Citation of N.J.A.C. 10A Rule affected: [ ]

Describe in detail how the practice deviates from the rule:

[ ]

Explain instances when strict compliance with the affected rule would result in undue hardship, an inability to meet a therapeutic, rehabilitative or medical need and/or a security risk:

[ ]

Source of Funds (if applicable): [ ]

Municipal Detention Facility Administrator Recommending the Rule Exemption:
Printed Name Signature Date
For DOC use only
County Services: [ ] Approved [ ] Denied Rule exemption recommend for: [ ] 2 years [ ] 5 years
Deputy Commissioner or Assistant Commissioner Division of Operations: [ ] Approved [ ] Denied
Assistant Commissioner Diversity and Legal Affairs: [ ] Approved [ ] Denied
Chief of Staff: [ ] Approved [ ] Denied
Commissioner [ ] Approved [ ] Denied